

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE PACKET

Contains the following documents:

- Application & Instructions
- Supplemental Application Information
- Fact Sheet
- Financial Responsibility Requirements
- Liability Certification Statement (PR-PML-170)
- Certificate of Insurance (PR-PML-052)
- Certificate of Insurance Requirements (PR-PML-173)
- Surety Bond (PR-PML-053)
- Visa/Mastercard Transaction Form
- Customer Service Survey Form

Retain for your information

Do You Need This License?

A pest control business license in the maintenance gardener category (MG) is any person or business who performs pest control for hire (advertises, solicits or operates as a pest control business) incidental to their business of maintenance gardening [Food and Agricultural Code (FAC) section 11704(a)]. Incidental pest control is limited to ornamental and turf plantings indoors, in commercial parks or surrounding structures [FAC section 11704(b)]. The Department of Pesticide Regulation (DPR) interprets “commercial parks” and “surrounding structures” to mean the following:

1. A “commercial park” is a tract of land where several commercial establishments (e.g., stores, offices, restaurants, warehouses, factories, etc.) are located. Business parks, industrial parks, office parks, and shopping centers or malls would be commercial parks.
2. Plantings “surrounding structures” would be ornamental and turf plantings that are placed near or close to structures such as buildings, brick walls, fountains, fences, statues, etc.

This license includes maintenance gardening work in parks, golf courses, cemeteries, rights-of-ways, and other similar sites.

Licensing Exemptions: Businesses performing pest control incidental to new construction are not required to obtain this business license. This includes construction work such as paving parking lots and driveways, establishing new landscapes, or building homes or other structures. The business license exemption does not exempt the person who uses or supervises the use of federally restricted use pesticides or State restricted materials for any purpose or on any property other than that provided by the definition of “private applicator”. That person must possess a valid Qualified Applicator Certificate (QAC) or Qualified Applicator License (QAL) with the appropriate pest control category to use or supervise that use.

Basic Licensing Requirements

A MG pest control business license is obtained by submitting the application, the following supporting business information and documents, and the appropriate fee. The following criteria must be met prior to issuance of a license:

- **Qualified Person:** You must have at least one person in a supervisory position who holds a valid QAC or QAL with the Maintenance Gardener category “Q” or the Landscape Maintenance category “B” at each location [FAC section 11704(a)]. Please state the name of the qualified person, their certificate/license number and category on the application form submitted.

- **Financial Responsibility Requirement** [FAC section 11702(c)(2) and 3 California Code of Regulations (3CCR) section 6524]: The requirement may be met by any of the options listed below. See Financial Responsibility Options Chart for more detailed information.
 1. Liability Certificate Statement, PR-PML-170
 2. Certificate of Insurance Requirement, PR-PML-0173
 3. Certificate of Insurance, PR-PML-052
 4. Acord Certificate of Liability Insurance form from your insurance company with a statement that the insurance policy meets and complies with 3CCR section 6524 requirements.
- Documents are required to verify the name and type of business [FAC section 11702(a)].
 1. “Fictitious Business Name Statement” from the County Clerk’s Office. This applies to any business operating under a fictitious name. DPR requires a copy of the fictitious business name statement that was filed with the County Clerk’s or County Recorder’s Office.
 2. “Certificate of Good Standing” document from the California Secretary of State’s Office [FAC section 11702(a)]. This applies to any domestic or foreign corporation operating in California. The corporation must be registered with the California Secretary of State’s Office. DPR requires a copy of that certificate. See the Secretary of State’s web site at: www.ss.ca.gov/business/business.htm for registration information.
- **Worker’s Compensation Insurance:** Each applicant, who is an employer as defined in Section 3300 of the Labor Code, is required to carry worker’s compensation insurance. Please state the carrier’s name, policy number, and the expiration date of policy on the application where indicated. If your business has no employees, write “note applicable”.

Once You’ve Become Licensed

You must:

- Retain pest control application notification records for two years
- Retain records of pesticide use for two years
- Submit pesticide use report records to county agricultural commissioner
- Have valid permits for restricted materials used
- Retain agricultural pest control adviser written recommendations for one year.

County Registration

Before you conduct any work, you must register the MG pest control business license with the county agricultural commissioner’s office in each county in which your business intends to perform pest control. Most counties require a fee for registration. Registration is required annually and covers one calendar year.

To register the MG business license, the individual who possesses the QAL or QAC card must present the following items to the county agricultural commissioner’s office for processing:

1. Valid MG Pest Control Business License
2. Valid QAL or QAC card – Landscape Maintenance (category B) or Maintenance Gardener (category Q)
3. Inventory of pest control equipment including number and kind of equipment.

Licensing, Renewal, and Other Fees

Application Fee

If you are applying for a MG pest control business license, the fee is \$80.00 per calendar year (3CCR section 6502). The license fee is based on the licensing cycle provided below. For example, if the business applied for a license under the name “Toads Landscaping” in January 2004, it would expire on December 31, 2005 and the fee for the license would be \$160. If the business applied for a license under the name “Cools Landscape Maintenance Company” in January 2004, it would expire on December 31, 2004 and the fee for the license would be \$80. **Note:** the MG license will not be issued until the business has a qualified person and meets the business and the financial responsibility requirements as indicated in the “Basic Licensing Requirements”.

- The license of businesses with names beginning with **A** through **L** expire on December 31 of even-numbered years (i.e., 2004, 2006, 2008, etc.)
- The license of businesses with names beginning with **M** through **Z** expire on December 31 of odd-numbered years (i.e., 2005, 2007, 2009, etc.)

License Renewal Fee

The license renewal fee is \$80 per calendar year, to be paid to DPR every two (2) years for a total cost of \$160 (3CCR section 6502). The two-year license renewal fee is not prorated if the license is renewed late. **Note:** the MG license will not be renewed unless the business has a qualified person and meets the business and the financial responsibility requirements as indicated in the “Basic Licensing Requirements”.

Late Renewal Fee

A late fee of fifty percent (50%) of the total renewal fee will be assessed for each license postmarked after December 31 of the expiration year.

Name/Address Change and Duplicate/Replacement Fees

A fee of \$20 is required for name changes, as well as requests for a duplicate or replacement license. DPR will not issue a new business license when an address change is received and made unless requested by the qualified person and accompanied by the \$20 fee. A maximum fee of \$20 is required for all name and/or address changes or requests for a duplicate or replacement license **when submitted on a single application form.**

Every person to whom a license is issued must immediately notify the Licensing and Certification Office in writing of any name and/or address change (3CCR section 6508).

- Legal documents certifying the name change and a fee of \$20 are required in order to make a name change. A new license will be automatically issued for all name changes.
- The change of name and/or address form is available on DPR's website at www.cdpr.ca.gov/docs/license/lcforms.htm or by calling (916) 445-4038. A \$20 fee for an address change is **only** required when the licensee requests a new license.

General Information

Timelines for Processing Applications

DPR has established time periods for processing permit applications, in compliance with Government Code sections 15374-15378. DPR may take up to 100 days to complete the processing of this application. Failure to comply with these time periods may be appealed to the Agency Secretary, California Environmental Protection Agency, P.O. Box 2815, 1001 I Street, Sacramento, California 95814, pursuant to regulations set forth in 3CCR section 301. Under certain circumstances, the Agency Secretary may order that the applicant receive a reimbursement of filing fees.

License Duration

A new license may be issued for a maximum of two years. The license duration is dependent on the date the license was issued and the renewal cycle. Each renewed license is valid for two (2) years unless renewed late.

The Most Common Mistakes and How to Avoid Them

The most common application errors made are incorrect fees, no insurance documents or the insurance documents submitted do not meet our requirements, business type information is not provided, or a qualified person is not listed. You can avoid these errors by reading the application instructions carefully and mailing your application to DPR on or before the expiration date of the license. If you have questions regarding any information, call for assistance.

DPR Licensing and Certification Location

Department of Pesticide Regulation
Pest Management and Licensing Branch
Licensing and Certification Program
1001 I Street
Sacramento, CA 95814-2828

Questions

Call: (916) 445-4054
Email: license-business@cdpr.ca.gov

**MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE APPLICATION**

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1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**A. Application Type.** Check the appropriate box(es).

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME / ADDRESS CHANGE	<input type="checkbox"/> OTHER (Specify) _____
	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE	BUSINESS LICENSE # _____

B. Business Information. Please print or type.

BUSINESS NAME _____

EMAIL ADDRESS _____	FAX NUMBER () _____	TELEPHONE NUMBER () _____
BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (County) _____	(State) _____ (ZIP Code) _____
BUSINESS LOCATION ADDRESS (Number and Street) _____	(City) _____ (County) _____	(State) _____ (ZIP Code) _____
BUSINESS TYPE (Check only one box.) See instructions for documentation requirements.		
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LIMITED LIABILITY COMPANY
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP
		<input type="checkbox"/> OTHER _____

C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME _____

D. Business Officers or Owners. Attach additional sheet if necessary.

1) NAME _____	TITLE _____
MAILING ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (State) _____ (ZIP Code) _____
2) NAME _____	TITLE _____
MAILING ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (State) _____ (ZIP Code) _____
3) NAME _____	TITLE _____
MAILING ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____ (State) _____ (ZIP Code) _____

E. Qualified Person. Each business must have a qualified person who possesses a valid Qualified Applicator Certificate (QAC) or Qualified Applicator License (QAL) with the landscape maintenance pest control category (B or Q). The qualified person is responsible for supervising all pest control operations performed by the business. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME _____	QAC NUMBER _____	QAL NUMBER _____	EXPIRATION DATE _____
LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____	(State) _____	(ZIP Code) _____
2) QUALIFIED PERSON'S NAME _____	QAC NUMBER _____	QAL NUMBER _____	EXPIRATION DATE _____
LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____	(State) _____	(ZIP Code) _____
3) QUALIFIED PERSON'S NAME _____	QAC NUMBER _____	QAL NUMBER _____	EXPIRATION DATE _____
LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____	(State) _____	(ZIP Code) _____
4) QUALIFIED PERSON'S NAME _____	QAC NUMBER _____	QAL NUMBER _____	EXPIRATION DATE _____
LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number) _____	(City) _____	(State) _____	(ZIP Code) _____

Application Continued on Reverse Side

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F. Maintenance Gardener Pest Control Business Type.

Indicate the type of pest control your business will be performing or performs by checking the appropriate box(es) below.

- ☐ Interior Plants or Landscape Maintenance ☐ Exterior Landscape Maintenance ☐ Vertebrate Pest Control
- ☐ Turf Pest Control ☐ Ornamental Pest Control
(Treatment to Ornamental Plants) ☐ Weed Control

G. Liability Insurance. Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department.

H. Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME

POLICY NUMBER

EXPIRATION DATE

I. Fees. All fees are non-transferable and non-refundable.

	1-Year	2-Year	Total Fees
Main Location	<input type="checkbox"/> \$80	or <input type="checkbox"/> \$160	\$ _____
Name/Address Change, Duplicate/Replacement Fee	<input type="checkbox"/> \$20		\$ _____
Total Fee(s) Due/Enclosed			\$ _____

Enclose a check, money order or credit card payment for the total amount due payable to: Cashier, Department of Pesticide Regulation. Mail your completed application, required documentation, and fees to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

J. Read Before Signing. During the last three years have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

☐ YES (State explanation below.)☐ NO**K. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.**

APPLICANT SIGNATURE

DATE SIGNED

FOR OFFICIAL
USE ONLY

BUSINESS LICENSE NUMBER

COMPUTER ENTRY DATE

RC RECEIVED AND DATE

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

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A. Application Type. Check the appropriate box(es).

- ☐ **New Application:** If you are applying for the Maintenance Gardener Pest Control Business License for the first time.
- ☐ **Duplicate/Replacement License:** Requesting a duplicate or replacement license.
- ☐ **Name/Address Change:** Requesting name/address changes. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will not be printed for an address change only unless specifically requested and a \$20 fee submitted with the application.
- ☐ **Other:** Any other change, please specify the change.

B. Business Information. Complete the information requested in this section. If you are changing your business name, enter your former business name in Section "C". If there is a change in business name or address you must immediately notify the Director in writing. If your business is a:

- ☐ **Corporation**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
- ☐ **Limited Liability Company or Limited Liability Partnership**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
- ☐ **Partnership**, submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- ☐ **Individual**, if the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- ☐ **Non-Profit Association**, if the business is a corporation, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814. If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

C. Former Business Name. If your business name has changed, enter the former name in this section of the application.**D. Business Officers or Owners.** List the name, title, and mailing address of the business officers and/or owners. If necessary, use an additional sheet of paper. If there is a change in the business ownership or organization, notify the Director immediately in writing. A new application and fee must be submitted for this change.

Each eligible employee must complete and submit the Statement of Verification (PR-PML-143) indicating he/she meets the criteria to become a maintenance gardener.

E. Qualified Person. Each business must have a qualified person who possesses a valid Qualified Applicator Certificate or License with the landscape maintenance pest control category (B or Q). The qualified person is responsible for supervising all pest control operations performed by the business. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, notify the Director immediately. There is no fee required for this change.**F. Maintenance Gardener Pest Control Business Type.** Indicate the type of pest control your business will be performing or performs. Check all that apply.**G. Liability Insurance.** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS

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1. Filing with the Director an approved certificate of insurance certifying liability insurance coverage that meets the Department's minimum requirements. This can be achieved by having your insurance carrier complete either the attached Certificate of Insurance (PR-PML-052) or the attached Certificate of Insurance Requirements Statement (PR-PML-173). If you use the Certificate of Insurance Requirements Statement form, have your insurance carrier submit their Certificate of Insurance along with an endorsement for pollution coverage if necessary.
2. In lieu of insurance or a certificate of deposit, the maintenance gardener may provide a "Liability Certificate Statement" (PR-PML-170) to the Director, under penalty of perjury, that as to chemical property damage resulting from their pest control operations, you are financially able to respond to damages using your own personal assets, etc.
3. A Certificate of Deposit that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.
4. An "Accord" provided by your insurance company that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.

See the Financial Responsibility Options chart for specific coverage requirements. If you have questions, call this office.

H. **Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code is required to carry worker's compensation insurance. If applicable, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

I. **Fees. All fees are non-transferable and non-refundable.**

	<u>One-Year*</u>	<u>Two-Year*</u>
Main Location:	\$ 80	\$160
Name/Address Change Fee: \$20 (See Note)		
Duplicate/Replacement Fee: \$20 (See Note)		

NOTE: A fee for an address change is only required when the licensee requests a new license be issued (printed and mailed). A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application.

* The following information and table will assist you in determining the appropriate application fee.

New Application Fee Schedule Example:

<i>Year Submitting Application</i>	<i>License Name</i>	<i>License Expiration Year</i>	<i>License Application Fee</i>
2004	A-L	2004	\$80
	M-Z	2005	\$160
2005	A-L	2006	\$160
	M-Z	2005	\$80
2006	A-L	2006	\$80
	M-Z	2007	\$160

If your business name begins with **A - L**, the expiration date of the business license is on **even-numbered** years.
If your business name begins with **M - Z**, the expiration date of the business license is on **odd-numbered** years.

J. **Read Before Signing.** Check appropriate box.

K. **Declaration/Signature Block.** Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Failure to complete or provide the requested information may delay the processing of your application.

SUPPLEMENTAL APPLICATION INFORMATION

Maintenance Gardener Pest Control

Business License

PML-143 (REV. 07/01)

**SUPPLEMENTAL APPLICATION INFORMATION FOR MAINTENANCE GARDENER
PEST CONTROL BUSINESS LICENSE**

Section 11704(b) of the Food and Agricultural Code states: The maintenance gardener shall be limited to pest control in ornamental and turf plantings indoors, surrounding structures and commercial parks. (A "commercial park" is a tract of land where several commercial establishments [e.g., stores, offices, restaurants, warehouses, factories] are located. Business "parks", industrial "parks", office "parks", and shopping centers or malls would be commercial parks.) A contract or verification that the pest control operation is incidental and that maintenance gardening is the primary purpose shall be immediately submitted to the commissioner or director upon request.

I, _____, the undersigned, verify under penalty of perjury, that the pest control
(Print Name)

operation is incidental and that maintenance gardening is the primary purpose of my business. The business

name is _____

Executed on _____, 19_____
(Month and Day)

at _____, California.
(City)

SIGNED _____

(Address)

(City)

(State)

APPLICANT - PLEASE SEND THIS COMPLETED FORM ALONG WITH YOUR MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION TO THE LICENSING AND CERTIFICATION PROGRAM AT THE ADDRESS LISTED ABOVE IN THE UPPER RIGHT CORNER.

LICENSE NO.

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION



1001 I STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-4038

**PEST CONTROL BUSINESS LICENSE
MAINTENANCE GARDENER**

THIS LICENSE EXPIRES

= POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW =
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

Who Needs It?

For persons who perform pest control for hire (advertises, solicits, or operates as a pest control business) incidental to their business of maintenance gardening (FAC section 11704[a]). The incidental pest control is limited to ornamental and turf plantings indoors, in commercial parks, or surrounding structures (FAC section 11704[b]). This includes maintenance gardening work in parks, golf courses, cemeteries, rights-of-ways, and other similar sites.

Exemptions: Persons doing pest control, incidental to new construction, are not required to obtain this business license. This would include construction work such as paving parking lots or driveways, establishing new landscape, or building homes or other structures.

What's Required?

- Have at least one person in a supervisory position who holds a valid QAC or QAL with the Maintenance Gardener (Category Q) or the Landscape Maintenance (Category B) Pest Control Category at each location (FAC section 11704[a])
- Fulfill financial responsibility requirement (FAC section 11701[c][2] and 3 CCR section 6524)
- Fictitious Business Name Statement from the County Clerk's Office (FAC section 11702[a])
- Certificate of Good Standing for companies that are corporations - obtained for a fee from the Secretary of State (FAC 11702[a])
- License fee of \$80.00 per year (FAC section 11704[c])

Additional Requirements!

- Register with the county agricultural commissioner (CAC) in each county where work is performed (FAC section 11732)
- Retain records of pesticide use for two years (3 CCR section 6624)
- Submit pesticide use report records to CAC (3 CCR sections 6626 and 6627)
- Have valid permits for restricted materials used (3 CCR section 6632)

References: Food and Agricultural Code sections 11403, 11701 - 11741 and
Title 3, California Code of Regulations section 6522 - 6524.

FINANCIAL RESPONSIBILITY OPTIONS FOR PEST CONTROL BUSINESS

Each applicant for a Pest Control Business License must demonstrate financial responsibility for the type of work performed. The applicant can demonstrate financial responsibility by one of the following options: (1) file with the Director an approved original certificate of insurance certifying liability insurance coverage that meets the Department's minimum standards; (2) deposit with the Director a certificate of deposit that meets the Department's minimum standards; (3) a surety bond that meets the Department's minimum standards, on the form provided by the Director; or provide a statement to the Director that as to chemical bodily injury and chemical property damage resulting from their past control operations they are financially able to respond to damages using their own personal assets (applies to Maintenance Gardener Pest Control Business License only).

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4:
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage			
Pest Control Business License - applicants who make applications by ground rig or apply fumigants.	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000	
Pest Control Business License - applicants who make application by aircraft.	\$100,000	\$300,000	\$100,000 per aircraft(a)	\$50,000 per aircraft(b)	\$50,000 per aircraft(b)	
Maintenance Gardener Pest Control Business License - applicants who perform pest control incidental to their maintenance gardener work.	\$5,000	\$10,000	\$5,000	\$5,000	\$5,000	Financially able to respond to bodily injury and property damage statement (DPR-PML-170).

(a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.

(b) A certificate of deposit or a surety bond need not exceed \$300,000 per Pest Control Business License.

LIABILITY CERTIFICATION STATEMENT

MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE
PR-PML-170 (REV. 7/03)

PEST MANAGEMENT AND LICENSING BRANCH
1001 I STREET
SACRAMENTO, CA 95814-2828
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033
Web site: <http://www.cdpr.ca.gov>

I, _____ certify that I engage in pest control for hire as
an incidental part of my regular Maintenance Gardening business.

I will respond to any damages I may cause while performing activities through the use of my own personal
assets.

I certify that there are no unpaid judgments against my company resulting from lawsuits filed against the
business.

I certify that there are no current lawsuits filed against my company relating to pest control activities.

I certify that there are no liens on my personal or real property due to unpaid taxes.

THE BUSINESS NAME IS _____

**I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA,
THAT THE FOREGOING IS TRUE AND CORRECT.**

SIGNATURE _____ DATE _____

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that _____ (name of business), an applicant for a pest control business license, is at this date insured with _____ (Insurance Company) for the Limits of Coverage stated below.

Coverage Descriptive Schedule

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury <u>including</u> Chemical Liability			\$	\$	\$
2. Property Damage <u>including</u> Chemical Liability			\$	\$	\$
3. Combined Single Limit for Bodily Injury and Property Damage <u>including</u> Chemical Liability				\$	\$

List of Covered Aircraft (Attach additional sheet if necessary)

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

Insured Information

INSURED BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER		
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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A. Instruction. If this certificate is used to demonstrate financial responsibility, it must be completed by the insurance company. In addition to this certificate, your insurance company must provide the Department with their certificate of insurance describing the insurance afforded to your pest control business.

B. Certificate Statement

This certifies that the insurance policy of _____ (company
affording coverage) issued to _____ (insured name),
an applicant for a pest control business license affords the following coverage:

1. Covers crop or landscape or property damage as a result of a drift of a pesticide from the area of treatment.
2. Covers crop or landscape or property damage that may result from the handling of a pesticide or equipment failure during the pesticide application.
3. Covers bodily injury to persons not involved with the pesticide application when the pesticide is directly or indirectly applied on them accidentally and results in an illness or injury.

C. Insured Information

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER	
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

D. Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)

CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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**STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION**

**Pest Control Business Licensees Bond
Food and Agricultural Code Section 11702(c) (2)**

Premium Amount: _____

KNOW ALL PERSONS BY THESE PRESENTS:

That _____

having a principal place of business at _____

_____,
California, as PRINCIPAL, and _____

_____,
a corporation duly authorized as an admitted surety insurer in the State of California, as SURETY, are held and firmly bound to the State of California, and in favor of every person or entity obtaining judgment against the **PRINCIPAL**, in the sum of _____ DOLLARS (\$ _____), for the payment of which we bind ourselves, or heirs, executors, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above-named PRINCIPAL holds or has applied to the Director of Pesticide Regulation of the State of California for license entitling said PRINCIPAL to conduct the business of Pest Control, in accordance with the provisions of Division 6, Chapter 4 of the Food and Agricultural Code of the State of California; and

WHEREAS, the provisions of the Food and Agricultural Code Section 11702(c)(2), require that the PRINCIPAL satisfy the Director of PRINCIPAL's financial ability to respond to damages from any illness, injury, or damage resulting from the work authorized by the license, and this bond is executed and tendered in accordance therewith.

NOW, THEREFORE, if said PRINCIPAL shall respond to damages for any illness, injury, or damage resulting from the work, then this obligation is void, otherwise to remain in full force and effect.

The aggregate liability of the Surety on all claims whatsoever shall not exceed the penal sum of this bond.

This bond shall be deemed continuous in form and shall remain in full force and effect, and run concurrently with the license period and any and all renewals, or until cancellation or withdrawal of the Surety from the bond.

Surety may cancel or withdraw from this bond pursuant to the provisions of the Code of Civil Procedure Sections 996.310 et seq.

This bond is executed to comply with provisions of Chapter 4 of Division 6 of the Food and Agricultural Code . and of Chapter 2, Title 14, Part 2 of the Code of Civil Procedure, and said bond shall be subject to all of the terms and provisions thereof.

NAME OF SURETY

ADDRESS

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have executed the foregoing bond under an unrevoked. power of attorney.

Executed in _____ ,
(City and State)

on _____ .
(Date)

Signature of Attorney-in-fact
of Surety

Printed or typed name of
Attorney-in-fact for Surety

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)												CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE			
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.
																	TELEPHONE NUMBER ()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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California Environmental Protection Agency

Customer Service Survey

Our goal is to provide you with the best possible customer service. Your feedback telling us what is going well and what needs improvement is essential to our success to better serve you. We ask that you take a moment to complete the electronic customer service survey form at www.calepa.ca.gov/Customer/CSForm.asp. To assure that we receive your comments, please select “Department of Pesticide Regulation” and “Division of Pest Mgmt, Environmental Monitoring, Enforcement & Licensing” on the survey form. If you do not have access to the Internet and our electronic Customer Service Survey form, please feel free to write us at:

California Department of Pesticide Regulation
Pest Management and Licensing Branch
P.O. Box 4015
Sacramento, CA 95812-4015

Thank you for your feedback.